

COVID-19 for Long Term Care Q&A



Thank you for the Excellent Questions!

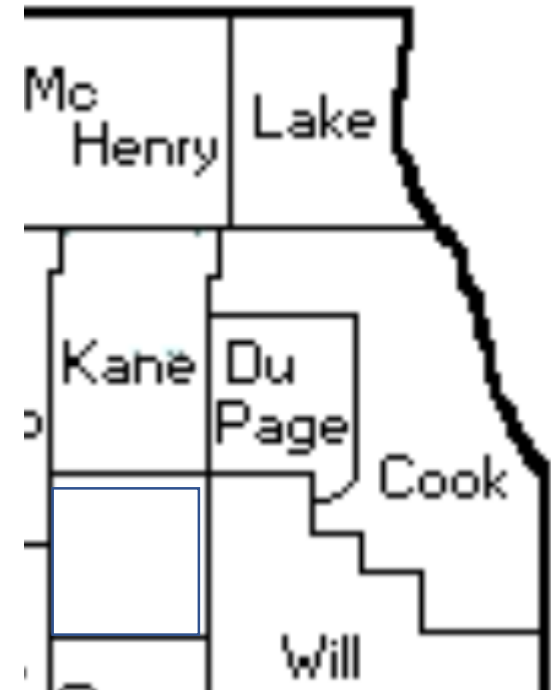


- We will try to answer all questions
- Please continue to send questions
- Clean hands, clean equipment, social distancing, contained droplets/drainage

Collar Counties of Cook County



- Lake County
- McHenry County
- Kane
- DuPage
- Will



Who are Visitors?



- Family members
- Loved Ones
- Therapy Animal visits
- School Groups
- Girl and Boy Scouts
- Intergenerational Programs

Who are Paid and Unpaid Employees and Ancillary Healthcare Staff?

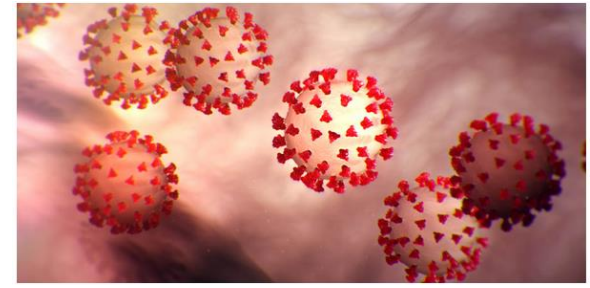
- Facility Staff and Adult Volunteers
- Emergency Medical Services
- Lab
- Radiology
- Pharmacy
- Vendors/Delivery
- Ombudsmen
- Surveyors
- Construction and Facility Support



Common Human Coronaviruses

- Include types 229E, NL63, OC43, and HKU1
 - May be on respiratory viral panel (RVP)
 - These are **NOT** COVID-19
- Usually cause mild to moderate upper-respiratory tract illnesses like the common cold
 - Runny nose
 - Headache
 - Cough
 - Sore throat
 - Fever
 - Malaise
- Can cause lower-respiratory tract infections
 - Cardiopulmonary disease, impaired immune function, infants, and older adults more vulnerable

COVID 19 (coronavirus disease 2019)

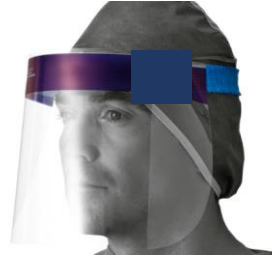


- Novel (new) coronavirus (SARS-CoV-2) first detected in China
- Beta coronavirus like SARS and MERS-CoV
- People have no immunity
- 80% of people have mild illness (range very mild to pneumonia not requiring hospitalization)
- Healthy children contracting at same rate but with few to no symptoms ¹
- Serious illness in approximately 16% of cases
- China CDC: over 70,000 people, over 40,000 with confirmed COVID 19: Case fatality rate with people over 70 years was approximately 8% and over 80 years almost 15% ²

- 1. Quifang Bi et al., 2020: 2. China CDC Weekly, Feb 20, 2020

Suggested Approaches

- Focus on keeping COVID 19 out of long term care
- Interdisciplinary planning and communication
- Clean hands
- Clean equipment and surfaces
- Contained droplets
- Respiratory Etiquette
- Age restrictions
- Health screen and questionnaires
- Use technology
- Reduce face to face opportunities for spread
- Inventory Control



Respiratory Infections	Cough/fever/pulmonary infiltrate in any lung location in a patient with a history of recent travel (10-21 days) to countries with active outbreaks of SARS, avian influenza	M. tuberculosis, severe acute respiratory syndrome virus (SARS- CoV), avian influenza	Airborne plus Contact Precautions plus eye protection. If SARS and tuberculosis unlikely, use Droplet Precautions instead of Airborne Precautions.
Respiratory Infections	Respiratory infections, particularly bronchiolitis and pneumonia, in infants and young children	Respiratory syncytial virus, parainfluenza virus, adenovirus, influenza virus, Human metapneumovirus	Contact plus Droplet Precautions; Droplet Precautions may be discontinued when adenovirus and influenza have been ruled out



DROPLET PRECAUTIONS EVERYONE MUST:



Clean their hands, including before entering and when leaving the room.



Make sure their eyes, nose and mouth are fully covered before room entry.

or



Remove face protection before room exit.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

STOP CONTACT PRECAUTIONS STOP EVERYONE MUST:



Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:



Put on gloves before room entry. Discard gloves before room exit.



Put on gown before room entry. Discard gown before room exit. Do not wear the same gown and gloves for the care of more than one person.



Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person.



Clinical Syndromes or Conditions Warranting Empiric Transmission-Based Precautions in Addition to Standard Precautions

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)

Appendix A: Table 2

Source Control Visitors and Staff

- Illinois
 - Restrict visitors under 18 years of age
 - Prevent introductions of colds, influenza, and potential COVID 19
 - Staff pre-screening prior to shift
- Chicago Metro Area
 - Essential visitors only (e.g., persons on hospice, dementia, psychosocial support) till March 18, 2020: Will review at that time
 - Restrict visitors under 18 years of age
 - Staff pre-screening prior to shift
- Contained Droplets
 - Mask use with training and monitoring per CDC Respiratory Etiquette and source control
- Rapid identification and source control
 - Continual monitoring of symptoms

Controlling Group Contact

- Reduce face to face opportunities for spread
 - Activities
 - Meals
 - Therapy
 - Beauty Shop
- Focus on virtual communication and visits (e.g., Face Time, Skype, closed circuit TV)
- Control unit to unit movement
- Cohort staff
- Cohort residents
- Prepare to restrict movement on affected units

Q&A – Personal Protective Equipment

- For COVID 19 residents use Standard, Droplet, and Contact Precautions
- Staff wear gown, gloves, facemask, eye protection
- N95 masks are not required
- Surgical/isolation (yellow) masks are acceptable
- The resident wears mask when out of room BUT they shouldn't be coming out for meals, activities, etc.
- Staff wear masks and other PPE when in resident room – NOT THE RESIDENT. Environment is contaminated.

Q&A – Screening Visitors

- Ancillary healthcare staff are not considered visitors
- Stop and screen if visitor is not self-screening and walking away at door (sign and screening tool should be posted at entrance)
- Provide respirator hygiene supplies and direct visitors to a location to wash hands upon entry
- Visitors are only to visit loved one and not go throughout building
- At this time, IDPH is not directing facilities to take the temperature of visitors. Some facilities have chosen to do this. Facility decision at this time.

Q&A – Staff Screening

- Staff monitoring tool on IDPH website
- Complete tool before every shift
- Designate one location for staff entry
- Take staff temperature. Restrict if temperature is $> 100.0^{\circ}$ F
- Remember you are looking for NEW symptoms
- If staff display even ONE symptom and it's a new symptom, you should send them home
- If employees do not have symptoms of COVID 19 but do have mild respiratory illnesses, they may work if they have been fever-free for 72 hours and their symptoms are improving. While working, the employee must wear a facemask.

Q&A – Staff Screening

If employees develop signs and symptoms of a respiratory infection while on the job they should:

- Immediately stop work, put on a facemask and self-isolate at home
- Inform the facility IP
- Contact the local health department for next steps

Q&A – Room Placement

- Every attempt should be made to place COVID 19 resident in private room
- If unable to move, then consider cohorting "like illness" together
- Least movement is best

Q&A – Travel

- If staff traveled to designated country of concern (CDC website) then they must not work for 14 days (contact local health department)
- If family traveled, were they exposed? If not, staff may work unless they develop symptoms. Should try to provide distance within household between spouse/loved one and you... sleep in another room, don't share glasses, utensils, WASH HANDS. The staff member is allowed to work.

Questions?

Resources:

- Centers for Disease Control and Prevention (CDC), Coronavirus Disease 2019
<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>
- Centers for Disease Control and Prevention (CDC), Respiratory Hygiene/Cough Etiquette in Healthcare Settings
<https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>
- Qifang Bi et al., (2020). Epidemiology and Transmission of COVID-19 in Shenzhen China: Analysis of 391 cases and 1,286 of their close contacts.
- Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19), 16-24 February, 2020.
- Stein, R. A. (2020). The 2019 Coronavirus: Learning Curves, Lessons, and the Weakest Link. International Journal of Clinical Practice, e13488.
- Smith, T. (2020) St Louis vs. Philadelphia and the 1918 influenza pandemic. Facebook posted March 6, 2020